

Title: Communication between surveillance and prevention programs: Programmatic, case-finding, data interpretation and evaluation implications in California

Organization: Stanford University and CA State Department of Health Services, Office of AIDS

Lead Author: Clea Sarnquist, MPH

Additional Authors: Barbara Sullivan, RN, PHN, CCRC; David Hill, MPH; Renato Littuau, DVM, MPVM; Ola Adams-Best; Yvonne Maldonado, MD

Topical Issues of Focus: Use of surveillance data to guide prevention

Background/Objectives

In California, one of the major goals of the Perinatal HIV Prevention Program (PHPP) has been to insure that appropriate target populations are defined and reached, given the size and diversity of the state. In order to do this, surveillance data have been used to both inform community advisory panels and county staff of trends in perinatal HIV and in the evaluation component of the PHPP.

Methods

California is in the unique position of having both perinatal HIV surveillance and the PHPP housed within a single research group at Stanford University. Surveillance and prevention staff work collaboratively on a daily basis.

Information is shared between surveillance and prevention staff both informally and formally. Informally, the surveillance and prevention coordinators meet several times a week to share any novel information and to brainstorm around challenges. In turn, the prevention coordinator regularly shares any new surveillance information with the PHPP staff at the county level through phone conversations and e-mails.

Formally, data is shared in a wide variety of ways, including:

- Surveillance reports are available to the counties on a quarterly basis, or more often by special request. The prevention coordinator frequently works with the surveillance coordinator to respond to requests from counties for specific data.
- The prevention coordinator either attends community advisory board meetings or has individual meetings with county staff on a regular basis, and shares surveillance information such as changes in trends, apparent emerging risk factors or populations, etc., at those meetings.
- A grantees meeting is held for all the counties involved in the PHPP on a yearly basis; at the last two meetings an update on data collected by both the surveillance and prevention programs has been presented.
- Surveillance data is being integrated into the outcomes data for the PHPP to strengthen the PHPP evaluation.

Results

There are four main outcomes of this continuous sharing of data between surveillance and prevention staff. First, the PHPP staff benefits from knowing which populations are most affected in order to target their programs effectively, and are able to alter programs if necessary to respond to changes in the epidemic. Second, including the surveillance data in the prevention evaluation ensures that the populations infected with and exposed to HIV are represented. Third, communication with prevention staff may help surveillance staff with case findings, especially among populations that are outside the standard medical system. Forth, surveillance staff benefits from hearing feedback from community members about the factors affecting the epidemic and may therefore be able to better interpret their data.

Conclusions

Continuous collaboration between the surveillance and prevention staff in California has served to strengthen both programs.

The greatest success of this collaboration has been in the counties where data is regularly shared with a community advisory board (CAB) that oversees the prevention interventions. Disseminating the data in a CAB meeting allows both the county staff and key community players to ask questions to ensure they understand the data and to make immediate programmatic recommendations based on the data. In addition, in a CAB meeting community members can share qualitative information about what they are seeing that may be valuable for surveillance staff to identify missed populations and better understand the behavioral and/or population factors that may be driving the data.

The greatest challenge to continued collaboration between prevention and surveillance is that the two groups often do not recognize their common goals and the ways in which they can help one another. Surveillance staff may not be familiar with prevention program creation, implementation, and evaluation, and prevention staff and community members may not have the backgrounds or interest to understand complex data reports. These challenges can be addressed in a variety of ways. First, all staff should understand the potential benefits of collaboration, as outlined above. Second, it is helpful to have one staff member each from prevention and surveillance, preferably someone who has knowledge and/or experience in both surveillance and programmatic issues, commit to meeting regularly with each other to ensure continued communication. These individuals must then be able to disseminate this information among coworkers, especially line staff working directly in the community. They must also act as “interpreters” when helping coworkers and community members understand programmatic concerns or data reports.

In summary, open communication between prevention and surveillance staff has provided benefits to both programs. In particular, surveillance staff have benefited from community-level input regarding cases-finding and/or factors causing shifts in the epidemic, and prevention staff have benefited in terms of choosing appropriate target populations and learning if their programs are having an impact on perinatal HIV transmission.